SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required (6/02)to respond unless the form displays a currently valid OMB control number. ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal e Conversely, failure to file the appropriate federal notice will not result in a loss of ar state exemption state exemption unless such exemption is predicated on the filing c notice. OMB APPROVAL **UNITED STATES** SECURITIES AND EXCHANGE COMMISSI OMB Number: 3235-0076 Washington, D.C. 20549 May 31, 2005 Estimated average burden FORM D hours per response NOTICE OF SALE OF SECURITIES **SEC USE ONLY** PURSUANT TO REGULATION D. **Prefix** Serial SECTION 4(6), AND/OR DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION Name of Offering ( check if this is an amendment and name has changed, and indicate change.) State Thomas Apartments, □ ULOE Filing Under (Check box(es) that apply): □ Rule 504 Rule 506 **Rule 505** ☐ Section 4(6) □ New Filing Type of Filing: Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) State Thomas Apartments, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 800 Newport Center Drive, Suite 400, Newport Beach, CA 92660 (949) 640-4200 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** Real Estate Acquisition and Investment Type of Business Organization □ limited partnership, already formed □ other (please specify): corporation business trust limited partnership, to be formed Month 1 2 9 □ Estimated Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

# GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

2.	Ente	er the information requested for the following:
	• .	Each promoter of the issuer, if the issuer has been organized within the past five years;
	_	Each honoficial owner having the power to yet or dispose or dispose the yets or disposition of 100/ or more of a class of artiful

A. BASIC IDENTIFICATION DATA

 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

<ul> <li>Each general and</li> </ul>	managing partner o	of partnership issuers.			
Check Box(es) that Apply:		Beneficial Owner	□ Executive Officer	□ Director	⊠ General and/or Managing Partner
Full Name (Last name first, it	f individual)				
CWS State Thomas Apartme	ents 99, L.P.				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Cod	e)		
800 Newport Center Drive, S	uite 400, Newport	Beach, CA 92660			
Check Box(es) that Apply:	□ Promoter	☑ Beneficial Owner	□ Executive Officer	□ Director	□ General and/or Managing Partner     □
Full Name (Last name first, it	f individual)				
CWSFG 99 - State Thomas	Apartments, LLC				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Cod	e)		
800 Newport Center Drive, S	uite 400, Newport	Beach, CA 92660			
Check Box(es) that Apply:	□ Promoter	☑ Beneficial Owner	□ Executive Officer	□ Director	⊠ General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Steven J. Sherwood	- <del></del>				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Cod	le)		
800 Newport Center Drive, S	uite 400, Newport	Beach, CA 92660			<del></del>
Check Box(es) that Apply:	□ Promoter	☑ Beneficial Owner	□ Executive Officer	□ Director	□ General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Steven J. Sherwood, as Trus	stee of the Steven	Sherwood Trust, establishe	ed September 8, 1994		
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Cod	le)		
800 Newport Center Drive, S	uite 400, Newport	Beach, CA 92660			
Check Box(es) that Apply:		□ Beneficial Owner	□ Executive Officer	□ Director	⊠ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Clayton, Williams & Sherwood	od Investments				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Cod	le)		
800 Newport Center Drive, S	Suite 400, Newport	Beach, CA 92660			
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	□ Executive Officer	□ Director	□ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le)	<del></del>	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В.	INFORMAT	ION ABOU	T OFFERI	NG				
1. Has	the issuer so	old or does	the issuer	intend to se	ell to non-a	ccredited in	vestors in t	his offering	7		Yes ⊠	No □
1, 1100	(10 100001 00	Jia, 01 4000				ix, Column		•			=	
2. Wha	at is the minir	num invest					_				\$	5,000
											Yes	
	s the offering											
or si is ai the l	er the informa milar remune n associated broker or dea n the informat	eration for so person or a ller. If more	olicitation of agent of a b than five (5	purchasers roker or de 5) persons t	in connecti aler registe	ion with sale red with the	es of securit SEC and/o	ies in the of or with a sta	fering. If a p ate or states	erson to be s, list the na	listed me of	
Full Nam	ne (Last nam	e first, if ind	lividual)								<u> </u>	
NONE	<del> </del>							·				
	s or Residenc	ce Address	(Number a	nd Street, C	ity, State, 2	Zip Code)						
N/A												
	Associated I	Broker or D	ealer									
N/A States in	Which Pers	on Listed H	las Solicitos	l or Intende	to Solicit D	urchaeore						
	'All States" or		•								🗆 🗸	All States
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	ne (Last name											
NONE	<u> </u>	·	, 									
Busines	s or Residen	ce Address	(Number a	nd Street, C	City, State, 2	Zip Code)						
N/A												
	Associated I	Broker or D	ealer									
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NONE	no (Last nam	C 1110t, 11 1110	il vidual)									
	s or Residen	ce Address	(Number a	nd Street, (	City, State, 2	Zip Code)						
N/A												
Name of	f Associated	Broker or D	ealer)									
N/A												
	n Which Pers										_	A II O
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF F	ROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\Box$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Am	ount Already Sold
	Debt		\$	
	Equity	\$	\$	
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests		\$	3,121,000
	Other (Specify)		\$	····
	Totaì	\$ <u>3,318,000</u>	\$	3,121,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number		Aggregate ollar Amount
		Investors		f Purchases
	Accredited Investors	45	\$	3,011,000
	Non-accredited Investors	6	\$	110,000
	Total (for filings under Rule 504 only)		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
	Type of offering	Type of Security	D	ollar Amount Sold
		Limited		
	Rule 505		\$	
	Regulation A		\$	
	Rule 504		\$	
	Total		\$	
4.a	i. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	⊠	\$_	
	Printing and Engraving Costs			(
	Legal Fees			72,800
	Accounting Fees		\$	
	Engineering Fees			58,400
	Sales Commissions (specify finders' fees separately)			(
	Other Expenses (identify) Marketing		\$	
	Total		\$	
			Ψ	201,200

<u>.</u>	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	<u>E 0</u>	F PROCEEDS			
b	Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$	3,116,800
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.					
			Payments to Officers, Directors & Affiliates		F	Payments To Others
	Salaries and fees	×	\$ 89,000		\$	
	Purchase of real estate		\$0	⊠	\$	545,200
	Purchase, rental or leasing and installation of machinery and equipment		\$0	⊠	\$	1,905,400
	Construction or leasing of plant buildings and facilities		\$0	⊠	\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant					
	to a merger)		\$0		<b>\$</b>	
	Repayment of indebtedness		\$0		\$	
	Working capital		\$0		<b>\$</b>	577,200
	Other (specify):					
		П	\$		¢	r
	Column Totals		\$ 89,000		-	3,027,800
	Total Payments Listed (column totals added)		Ψ <u>03,000</u> ⊠ \$		·—	,800
	Total Fayments Listed (column totals added)		Δ Ψ		110	<u>,000</u>

,	D. FEDERAL SIGNATURE	
following signature constitutes an undertaking	signed by the undersigned duly authorized person. In a by the issuer to furnish to the U.S. Securities and Eluer to any non-accredited investor pursuant to paragra	exchange Commission, upon written request of
Issuer (Print or Type)	Signature	Date
State Thomas Apartments, L.P.		August 27, 2002
Name of Signer (Print or type)	Title of Signer (Print or Type)	
Gary Carmell	By: CWS State Thomas Apartments 99 By: CWSFG 99 - State Th	9, L.P., General Partner omas Apartments, LLC, General Partner
	By: Gary Carmell, Vic	e President

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
		Yes	No
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?		Ø
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature ,	Date
State Thomas Apartments 99, L.P.	1 Show	August 27, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
	P., General Partner las Apartments, LLC, General Partner	
Gary Carmell	By: Gary Carmell, V	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1		2	3		4			5		
	to non-a investor	Type of security and aggregate n-accredited offering price offered in state to sell offered in content of the security and aggregate offered in state (Part C-Item 1) (Part C-Item 2)					under St (if yes explan waiver	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ			Limited Partnership	4	30,000	0	0			
AR		X	Interest	1	30,000	0	0	<del> </del>	X	
- AIX			Limited Partnership						1	
CA	X		Interest	37	2,011,000	6	110,000		X	
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СТ								ļ	<u> </u>	
DE	<u> </u>	<del> </del> _				-		ļ	ļi	
DC	<u> </u>								<del> </del>	
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NV		<u> </u>						<del> </del>	† <u>'</u>	
NH	<del>                                     </del>	1			<del>                                     </del>			1		
			Limited Partnership			_	_		Ī.,	
NJ		X	Interest	1	20,000	0	0	<del>' </del>	X	
NM	<del> </del> -	<del> </del>						<del> </del>	<del> </del>	
NY	<del> </del>	<del>                                     </del>						┼	1	
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ОК	<u> </u>	† —						<del>                                     </del>	<del>                                     </del>	
		† —	Limited Partnership				<del>                                     </del>	<del>                                     </del>	1	
OR	<u> </u>	X	Interest	2	50,000	0	C	<u> </u>	X	
PA	<u> </u>							<del> </del>		
RI		<del> </del>				<del> </del>	<del> </del>	<del> </del>	+	
SC		<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	<u>.                                    </u>	1	1	

APPENDIX									
1	1 2 3 4								5
	Type of security Intend to sell and aggregate to non-accredited offering price Type of investor and investors in State (Part B-Item 1) (Part C-Item 2)						Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
SD									
TN									
TX									
UT									
VT									
VA									
WA		Х	Limited Partnership Interest	4	900,000	0	0		X
WV				<del></del>					]
WI								<u> </u>	
WY									
PR									